

## (1) PLACE OF BIRTH

County of MusshyTownship of Musshy

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41239

Registration District No. 4311 Registered No. 72

(For use of Local Registrar)

(2) Full Name of Child Pauline Gladis Brown } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 6</u> 191 <u>5</u>
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)	

## FATHER.

(8) FULL NAME Sid. M. Brown(9) PRESENT POSTOFFICE OF FATHER Kingstree SC 29781(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Musshy County(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie S. Brown(15) PRESENT POSTOFFICE OF MOTHER Kingstree SC 29781(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Darlington County(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:40 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. D. Jacobs

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness .....

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov. 7, 1915 (28) H. E. Snowdon Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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REMARKS: WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw of Columbia.

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